



I. PENDING SURVEYS

Survey	Frequency	Anticipated Timeframe
CMS Outpatient Dialysis Recertification	Annual	Unannounced anytime/ overdue since 2019
CMS 4A Recertification Survey	Annual	Unannounced anytime / overdue since 2021
CMS 4A Fire Life Safety Survey	Annual	Occurs after recertification
CDPH 4A Licensing	Triennial	Unannounced anytime / overdue since 2022
CDPH General Acute Care Hospital Licensing	Triennial	Approaching / 2023
TJC Hospital Accreditation and Nursing Care Center Surveys	Triennial	Approaching /window is November 7, 2022-May 7, 2023
American College of Surgeon Level 1 Trauma Certification	Triennial	Scheduled/ July 12-13, 2023
Baby-Friendly Hospital Status Recertification	5 Year Cycle	Approaching / March 2023

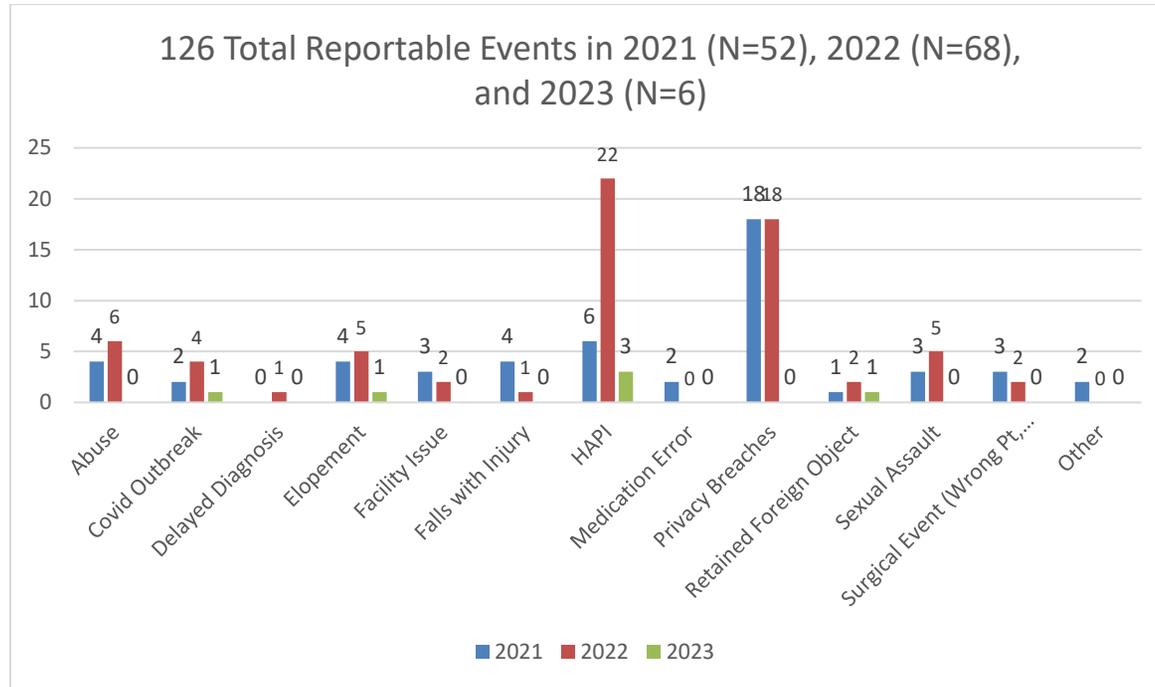
II. SURVEY ACTIVITY

Survey Date	Agency	Location Surveyed	Details	Status
2/14-15/23	The Joint Commission (TJC) for the Primary Stroke Program Certification Survey	ZSFG Stroke Program	3 findings: <ul style="list-style-type: none"> • Neuro checks, neurovascular checks and vital signs documentation completeness • Accurate medication administration route documentation (oral versus nasogastric tube administration) • Medical record completeness and accuracy (ex. conflicting orders on blood pressure management) 	Plan of correction in process (due 60 days from survey)

III. PLANS OF CORRECTION SUBMITTED

None

IV. CDPH CASES – Facility Reported Events



V. NEW FACILITY REPORTED INCIDENTS (FRI)

COMPLAINT: submitted by public

FRI: Facility Reported Incident

ABUSE: Long Term Care

3 New Reportable Incidents (February 2023): 2 HAPI, 1 Covid Outbreak

Date Submitted:	Date of Incident	Location	Event Details
2/21/23	2/5/23	H66	Covid Outbreak
2/21/23	2/16/23	H34	HAPI –unstageable
2/27/23	2/22/23	H34	HAPI –Stage III

VI. PLAN OF CORRECTION MONITORING DATA

Survey (year) or Event (date of incident)	Finding Requiring Monitoring	Monitoring
FRI: Belmont Rapid Infuser (4.3.21)	Two employees did not have HIPPA/ Confidentiality Training completed in their file	<ul style="list-style-type: none"> ➤ DPH Completion rate as of December is 95.6%. Pending updated completion numbers from UCSF. Ongoing monitoring required.
CDPH HAPI Plan of Correction (5.2022)	1) Delayed reporting of event 2) Failure to renew reporting policy	<ul style="list-style-type: none"> ➤ An audit was conducted of all identified reportable hospital-acquired pressure injuries (HAPIs) at ZSFG in the months of August, September and October of 2022 to confirm 100% accuracy that identified HAPIs were reported to CDPH. The results of this audit (N=9/9) demonstrate all identified HAPIs were reported to CDPH. ➤ A total of 10 audits per month for three months is being conducted to assess compliance of ZSFG Administrative policies with the three-year renewal process until compliance percentage of >90% is met for three consecutive months. <ul style="list-style-type: none"> ○ February 2023 audit indicated 60% compliance, will continue to monitor until greater than 90% compliance has been achieved.